

McLean (Le Roy)

TWO CASES

OF

ŒSOPHAGOTOMY:

BY

LEROY McLEAN, M. D.,

SURGEON TO TROY HOSPITAL.

REPORTED IN THE NEW YORK MEDICAL RECORD.

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James Treanor, Book and Job Printer, 300 Broadway, Bell Foundry Building.

1877.

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OF

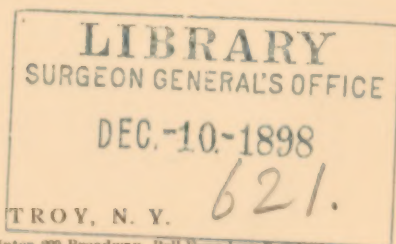
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PREFATORY.

In offering this brief monograph to my professional brethren, I do not wish to be understood that I claim any originality in the treatment of the cases herein cited.

In publishing them my purpose is, if possible, to afford encouragement to those who may be called upon to treat similar cases.

If it should prove to be useful, my object will have been fully attained.

I have appended a table of cases of CEsophagotomy (adding thereto my own), taken from an admirable treatise on the subject by Dr. DAVID W. CHEEVER, of Boston, to which I would refer the reader.

LER. McL.

CASE I.

Tooth-Plate Swallowed during Sleep—Successful Removal by Esophagotomy.

J. C——, aged 30 years, a man of temperate habits, good health, and a book-keeper by profession, while visiting friends in Greenfield, Mass., in August, 1874, during sleep swallowed a gold tooth-plate, with one false central incisor attached. The plate, which was crescent-shaped, measured, from point to point, one and one-half inches, and one-half inch from outer to inner edge. On the outer edge were eight sharp and irregular projections which fitted between the teeth and held the plate in position; these, from use, had become worn, and allowed of its easy removal. (Fig. 1.)



FIG. 1.

He had retired at 11 P. M., and slept until 5 A. M., when he was suddenly awakened, experiencing a sense of suffocation, and a burning pain in the throat. He sprang from bed, drank a little water, and, feeling somewhat relieved, retired again. He then, for the first time, missed the plate from his mouth; and immediately realizing his condition, called for assistance.

Physicians were summoned, who made many fruitless attempts to dislodge the foreign body, finally concluding that it had passed into the stomach. He returned to his home in this city on the 29th, the day following the accident, and was attended by his family physician, who also entertained the opinion that the plate had passed down. His condition not improving, I was called in consultation on the evening of September 1st. Found him very weak and suffering intense pain; his face was haggard, and bore an anxious expression; the

neck, which was swollen and inflamed, could not be moved without causing pain. Since accident has been unable to swallow without much suffering; and to obviate this as much as possible, the saliva, which was secreted profusely, was allowed to trickle from the mouth. Voice faint and husky; has been unable to speak above a whisper since day after accident.

I passed a pair of large esophageal forceps, and could easily grasp the foreign body, which was apparently at the junction of the pharynx and esophagus, but the application of much force to dislodge it was deemed impracticable, owing to the many points of resistance which the sharp projections on it offered. An operation (esophagotomy), was then proposed. The patient readily assented to this, and an appointment was made for ten o'clock the following morning.

Chloroform having been administered, the patient readily yielding to its influence, the neck was stretched, and an incision made on the left side, midway between the margin of the sternocleido-mastoid muscle and the thyroid cartilage, extending to within one-half inch of the sternum. The parts containing the carotid were then separated from the trachea and held aside by retractors, as was the left lobe of the thyroid body after careful dissection. The inferior thyroid artery having been exposed and pushed aside, the esophagus was plainly seen. A large-sized lithotomy staff was then passed through the mouth, it being more easily introduced than a stomach tube, and the esophagus pushed well forward and to the left. This served as a guide, and held the esophagus in position, rendering the incision into it less difficult than it would otherwise have been, owing to the spasmodic efforts at swallowing, which were very frequent after the administration of the anæsthetic. The incision was made longitudinally over the staff to the side of the cricoid cartilage; a finger introduced, and the plate, which was strongly impacted, removed with some difficulty from its resting-place behind the thyroid cartilage. The wound in the esophagus was not closed. But two small arteries, muscular branches, were tied during the operation. Morphia was administered hypodermically, and the patient put to bed in a cool room.

During the first day enemata of beef tea were given and bits of ice allowed to dissolve in the mouth. After twenty-four hours enemata were discontinued, and he was allowed to drink milk, one third escaping from wound.

Forty-eight hours after operation, could swallow fluids readily, very little passing out through opening. Fourth day ate an oyster, swallowing it without experiencing pain. Fifth day sat up, dressed, could readily swallow soft solids, no discharge of fluids by wound. Sixth day, which was warm and pleasant, he walked out upon the piazza and around the house.

On the 18th, sixteen days after the operation, he visited his friends in Greenfield, returning and resuming business on the 22d, twenty days from date of operation—wound closed.*

November 3d, went to New York, and was treated by Dr. Elsberg with the hope of regaining his voice. Returned unimproved. Again, in February, visited New York and consulted Dr. E., and was under treatment for one month, returning with voice much stronger. From that time there has been a gradual improvement, and at this writing the voice has about reached its natural standard.

The following is a letter recently received from the patient :

TROY, N. Y., 27th January, 1877.

DR. LEROY McLEAN—Dear Sir : In answer to your inquiry as to the present condition of my throat, voice, &c., I beg to say that I suffer no inconvenience whatever as the result of the operation, and am, in every respect, as well to-day as before you "carved" me. My health is good, and my swallowing powers are undiminished, while the only drawback is, that my voice is "too thin"; still I have reason to be thankful that it is strong enough for my daily business wants, and, as you know, I have no difficulty in my conversational tones. I hope, however, that it may continue to grow stronger, as it has done during the past two years.

Wishing you as great success in all your operations as in my case, I remain

YOURS, SINCERELY,

JAMES CAMPBELL, JR.

* For assistance in this operation, I am indebted to Drs. WARD, COOPER, WHITTON and WENTWORTH, of this city.

CASE II.

Tooth-Plate Impacted in Cardiac Portion of the Esophagus Eleven Months and Seven Days, causing Stricture—Esophagotomy.

December 5th, 1873, Mr. P——, living near Saratoga, while at dinner, dislodged four upper false teeth, attached to a silver plate, by striking them with his fork. They were involuntary swallowed, passing into the esophagus.

Vomiting followed, and the plate was frequently felt rising in his throat, only to fall back again. The plate was one and one-half inches broad by about one inch in depth from front to rear. In the evening, about five hours after the accident, Dr. Chapin arrived from Glen's Falls, a distance of six miles.

Owing to the irritation which the foreign body had already created in the esophagus, the patient was chloroformed and an attempt made to reach the teeth. Instruments were passed down over ten inches, but failed to give any indications of touching them.

There was occasionally vomiting, but no more rising of the teeth in the throat, leaving the inference that they might have passed into the stomach. This was strengthened by a sharp and severe pain, which the patient felt in the region of the stomach.

Most of the soreness that had been caused by the accident gradually passed away, and in a fortnight or so he was enabled to swallow liquids without difficulty, and most kind of food with varying success.

He frequently passed weeks without any marked inconvenience. A few weeks after the accident, Mr. P. served on a jury in Saratoga county, and resumed his business, that of a gentleman farmer, frequently doing his share of the work in the field.

Oftentimes, however, he would have unusual distress in the chest, or a return of the difficulty of swallowing food. He first consulted me in June, 1874, about six months after the accident. I passed an ivory-tipped probang, and found that they were still in the esophagus, eleven and one-half inches from front of upper jaw, while the head was thrown back.

I strongly advised an operation, esophagotomy, if a trial at removal by the mouth failed. This he wished to delay, as he said he felt "pretty well," and suffered no essential inconvenience. He afterwards went to Albany and New York for advice. Some of the physicians he saw recommended an operation, while a majority entirely discouraged it.

Thus the case was left to him and his friends, and nothing was done till November 10th; when, having had, for some weeks previous, more trouble in swallowing than usual, I was sent for. Upon arrival, I concluded to attempt the removal of the plate through the mouth. It being beyond the reach of forceps, I passed a whalebone probing with swivel hook end, beyond the obstruction, and on drawing back it caught on the plate, but no reasonable force could dislodge it. On attempting to withdraw the instrument, it was found to be so thoroughly entangled with the object that for a time doubt existed as to its removal without an operation then. However, it was finally freed and the scheme of removing the plate in that manner decided to be impracticable. This was the first and only attempt made to dislodge them. The 12th was then appointed for an operation. This was eleven months and seven days from date of accident.

The operation was performed at 11 A. M. The patient having been etherized, an incision was made upon the left side of the neck, commencing opposite the thyroid cartilage, midway between it and the sterno-cleido-mastoid muscle, and reaching to the sternum.

Careful dissections were made with a director, down to the esophagus, which was reached without difficulty. A large lithotomy staff was then passed through the mouth and the esophagus pushed well forward, exposing its posterior wall, thus enabling me to avoid the inferior laryngeal nerve in making my incision into it. An incision large enough to admit the index finger was made into the esophagus as near the top of the sternum as possible. I passed my finger through the opening and down, and was able to feel a constriction, below which lay the foreign body quite out of reach. I then directed with my finger a pair of polypus forceps down upon the plate, and after many vain attempts brought it up, but without the teeth, they having become detached in the effort at removal. The forceps were again introduced and the teeth felt, but before they

could be grasped they passed into the stomach, and were voided by the rectum some days after. (Fig. 2. The teeth have been re-attached to the plate.)

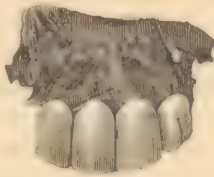


FIG. 2.

During the operation the inferior thyroid artery and one or two small branches were cut.

The wound in the esophagus was not closed. A wet compress was laid over the line of incision and secured by bandage.

In the following letter, received from the patient a year since the after treatment is given :

GLEN'S FALLS, N. Y., April 7th, 1876.

LEROY McLEAN, M. D.—Dear Sir: Yours of March 24th was not forwarded from Gansevoort, consequently I did not receive it until last evening. I give the facts in my case as near as I can remember. Dr. CHAPIN kept no account of the case. There was no treatment after the operation, other than to dress the wound.

First two days, suffered from thirst and pain in the head ; had small pieces of ice to moisten the mouth. No medicine ; wound syringed with solution of carbolic acid.

THIRD DAY—Took two tablespoonsful of milk, about one-third escaped by the wound.

FOURTH DAY—Drank cup of coffee, by holding the incision together with my hand ; but little escaped. Feet soaked in beef tea, chicken broth, &c.*

SEVENTH DAY—Sat up one hour and a half. "Proud flesh" appearing in the wound, it was eaten off by applying blue stone. Syringed with carbolic acid.

NINTH DAY—Went down stairs ; teeth passed this A. M.

ELEVENTH DAY—Ate soup thickened with bread, a small portion escaped by wound.

THIRTEENTH DAY—Walked out doors.

FIFTEENTH DAY—(Thanksgiving)—Went to Church.

About the twentieth day began to eat solids. Four weeks from day of operation drove seven miles, and returned next day. Fifth week resumed business. Sixth week wound closed, would sooner but for cough. No trouble from operation since, but occasionally food catches where teeth were lodged ; no soreness or difficulty otherwise.

VERY RESPECTFULLY,

M. C. PALMER.

The voice was not injured by the operation.

I am indebted to Dr. Chapin, of Glen's Falls, for after-treatment and for practical assistance in the operation. Also to Prof. Cheever, of Boston, for essential information obtained from his invaluable monograph upon CEsophagotomy.

* The patient claims originality for this primitive treatment.

TABLE OF CASES OF ESOPHAGOTOMY.

No.	DATE.	SEX.	NATURE OF FOREIGN BODY.	POINT OF IMPACTION.	TREATMENT BEFORE OPERATION.	OPERATION, WHEN PERFORMED.	RESULT.	CAUSE OF DEATH.	OPERATOR.
1	1738	M	Portion of bone one inch long, six lines broad.	Esophagus; where, not stated. Could be felt outside.	Attempts to push it down.	Not stated.	Recovered.		Goursnuid.
2	No date		Probably a portion of bone.	Not stated.	Not stated.	Not stated.	Recovered.		Roland.
3	1831	M	Portion of beef bone	Esophagus; lower part of neck.	Touched the foreign body; attempts to dislodge it.	Operation twelfth day; left side.	Speedy Recovery.		Begin.
4	1832	M	Large conical fragment of bone.	Esophagus; lower part of neck.	Touched the body; every means tried to dislodge it.	Operation eighth day; left side.	Recovered.		Begin.
5	1833		Spinous process of dorsal vertebra of a sheep.	Lower part of pharynx.	Emetics, and various attempts to dislodge it.	Operation after five weeks, on right side.	Death fifty-six hours after operation.	Pneumonia, existing at time of operation.	Arnott.
6	1842	M	Not stated.	Esophagus—perforation of; lying on carotid.	Not stated.	Operation eighth day.	Recovered.		De Lavacherie.
7	1844	M	Portion of bone.	Could be felt outside, projecting above clavicle.	Bleeding, tartar emetic in veins, belladonna enemata, and sixty attempts with instruments.	Operation fourth day; bone swallowed.	Death two days after operation.	Collapse. Pharynx gangrenous, stomach inflamed.	Martini.
8	1853	M	Small fish.	Pharynx; tail seen in fauces.	Vain attempts to withdraw through mouth.	Operation after several days.	Recovery in six weeks.		Antoniesz.
9	1853	M	Fragment of beef bone.	Esophagus, in neck.	Attempts at extraction.	Operation ninth day.	Death second day after operation.	Perfora'n front and behind. Retro-phar. abscess reach'g sto.	Flaubert.
10	1854	F	One franc piece.	Upper part of esophagus.	Repeated efforts at extraction with Graefe's sound and forceps.	Operation tenth day.	Death third day after operation.	Retro-oesophageal abscess opening into pleura.	Demarquay
11	1855		Portion of bone.	Esophagus; abscess formed.	Could not be reached by fauces.	Operation sixteenth day.	Recovery in two weeks.		Syme.
12	1856	M	Gold tooth-plate, containing a false incisor.	Junction of pharynx and esophagus. No external projection.	Attempts at withdrawal with forceps; emetics.	Operation fourth day; left side.	Recovery in 4 weeks; permanent alteration of voice.		Cock.
13	1861		Thin piece of mutton bone 1 in. sq.	OEsophagus; no external projection.	Could not be touched by fauces.	Operation sixth day.	Recovery in two weeks.		Syme.

TABLE OF CASES OF OESOPHAGOTOMY.—[CONTINUED.]

No.	DATE.	SEX.	NATURE OF FOREIGN BODY.	POINT OF IMPACTION.	TREATMENT BEFORE OPERATION.	OPERATION, WHEN PERFORMED.	RESULT.	CAUSE OF DEATH.	OPERATOR.
14	1862		A coin.	Opposite top of sternum.	Coin touched by bougie.	Operation after two months.	Recovery ; swallowed in a week		Syme.
15	1863	M	Bone.	Not stated.	Not stated.	Not stated.	Recovered.		Fourier.
16	1864	F	Peach stone.	Not stated.	Vomiting ; exploration by finger and probang ; rigors.	Operation third day, right side.	Recovered.		Arnold.
17	1866	M	Codfish bone.	Below top of sternum. No projection.	Vomiting ; long probang.	Operation third day, left side.	Recovery in five weeks.		Cheever.
18	1866	M	Brass pin.	Opposite left cricoid	Various explorations.	Operation after four months.	Recovered.		Cock.
19	1867	M	Tooth-plate.	Apparently opposite left cricoid.	Attempts during four months.	Operation after eight months.	Recovered.		Hitchcock.
20	1867	F	Brass pin.	Junction of pharynx and oesophagus's	Various attempts.	Operation third day.	Recovered.		Cheever.
21	1868	F	Supposed to be a pin.	Behind thyroid cartilage.	Various attempts.	Operation after eleven months.	Recovered.		McLean.
22	1874	M	Tooth-plate.	Cardiac portion of oesophagus.	Various attempts.		Recovered.		McLean.
23	1874	M	Tooth-plate.						

Foreign bodies :—Authentic cases, 23 ; Deaths, 4 ; Recoveries, 19.

NOTE.—In cases 20 and 21 no foreign body was found. The lapse of time (four and eight months after the swallowing of the pins) may have favored their escape, or becoming encysted outside the oesophagus. For the severity of the symptoms the reader is referred to the history of the cases.

FOR STRICTURE.

1844.	Male.	Stricture.	Died.	Watson.
1845.	Male.	Stricture.	Died.	DeLavacherie.
1864.	Male.	Stricture.	Died.	Bruns.

No. 25. Obscure allusion to the case of a beer-cork in the throat, in Portsea ; neither operator, details nor result given. [Vide Eye's Surgical cases.] Operations for Stricture, 3. Deaths, 3.

